



City of West Des Moines

POLICE OFFICER – APPLICATION PACKET



Application deadline: THURSDAY, MAY 9, 2019

This Application Packet contains documents for you to complete and submit to the City of West Des Moines. The information you provide will be used to evaluate your application and in the background investigation to determine your suitability for the position of Police Officer.

- It is your responsibility to complete this form and provide all required information.
- It is preferred that you type your responses on this form. However, if you are filling out a printed copy of this form, neatly print in blue or black ink.
- You must respond to all items and questions. If a question does not apply to you, write N/A (not applicable) in the space provided for your response. **DO NOT LEAVE BLANK.**
- If you need more space for any response, use page 11 of this form and identify the additional information by the question number.
***** PLEASE SIGN PAGES ONE (1) AND TEN (10) OF THIS PACKET *****
- Should there be other local agencies that you apply with that run concurrent recruitment processes, your name may be shared with those agencies as an applicant with the WDM Police Department in order to potentially partner with those agencies in the testing process.

All steps to submit your completed application must be done by 11:59 pm on THURSDAY, MAY 9, 2019.

1. **Complete your online profile** in the Employment Section of our web site at www.wdm.iowa.gov **AND** also make sure that you **APPLY** for the Police Officer position.
2. Complete each document, including the Cover Sheet with Applicant Checklist.
3. The Authorization for Release Form: Print, Complete and Sign your full legal name, and attach to your profile.
4. If applicable, attach copies of your college transcripts (that display applicant and school names)/diploma and/or DD214 Military Discharge Form.
5. Submit your COMPLETE Application Packet, as outlined below using any one of the following methods:
 - a) **Preferred:** Submit all documents as a single attachment to your profile under the “My Attachments” section by 11:59 pm on **THURSDAY, MAY 9, 2019.**
 - b) Email to Human Resources (humanresources@wdm.iowa.gov) or Fax to Human Resources at (515) 273-0601 by 11:59 pm on **THURSDAY, MAY 9, 2019.**
 - c) Mail or personally deliver to HR located at West Des Moines City Hall, Suite 2A, 4200 Mills Civic Parkway, P.O. Box 65320, West Des Moines, IA 50265-0320 Packet **MUST be received by 4:30 p.m. on THURSDAY, MAY 9, 2019.**

Applications for Police Officer will not be rejected due to minor omissions or deficiencies that can be corrected prior to the testing process.

Review your application thoroughly to ensure all information is supplied, directions are followed, and required documents submitted. Your application and the ability to follow instructions in completing it is our first impression of you.

I have read, and I understand the above instructions.

Signature:

Date:

If you need assistance with the online application process or submitting your Application Packet, please contact Human Resources at (515) 222-3616 prior to 4:30 pm on Thursday, May 9, 2019.

POLICE OFFICER – APPLICANT

First Name	MI	Last Name	Date

POLICE OFFICER – APPLICATION SCHEDULE/CHECKLIST

Please read this information carefully and note the application procedures and deadline, as well as the testing date/times. It is your responsibility to meet the deadline and take the tests as required. Alternate deadlines or testing dates/times will not be possible. The **tentative** schedule for the 2019 Police Officer Recruitment/Testing is as follows:

SATURDAY, JUNE 1, 2019 (morning)	Physical Agility Test (PAT) - All applicants except applicants who have received a passing PAT (Cooper Test) score from other agencies within the State of Iowa on or after March 1, 2019, or who are certified officers in the State of Iowa with no more than a six month break in service, will waive the physical agility test.
SATURDAY, JUNE 1, 2019 (afternoon)	Police Officer Standard Test (POST) - All applicants except applicants who have passed a POST exam since October 1, 2018, or who are certified officers in the State of Iowa will waive the POST Exam.
Due by 4:30pm on THURSDAY, JUNE 6, 2019	Background Packet Due <u>ALL applicants with passing PAT and POST scores MUST complete the background packet to remain in the hiring process</u>
WEEK OF JUNE 17, 2019	Oral Board Interviews
JULY/AUGUST, 2019	Background Investigations and Polygraphs
WEEK OF AUGUST 19, 2019	Command Staff Reviews
THURSDAY, AUGUST 29, 2019	Civil Service Commission certifies list

APPLICANT CHECKLIST

Please complete and return items from the Application Packet and the supporting documents listed below. Please check each item you have included with your application materials and **organize your application packet according to the order listed below (Application Cover Sheet on top).**

Check List & Comments

Completed Online Profile and Applied for Police Officer
 Police Department Application Packet/Personal History Statement (Pages 1-10)
 Authorization for Background Check Form (Separate Link)

College Transcripts/Diploma (if applicable – official copy acceptable)
 DD 214 Military Discharge Form (if applicable – official copy acceptable)
 US Citizen Certificate (if applicable)
 Current/Former Police Officer Packet (if applicable – FOR CURRENT/FORMER OFFICERS ONLY)

All items must be submitted to the City of West Des Moines Human Resources Department
 via any one of the methods listed in the Application Instructions on the front page.

Your materials will be audited for completeness

NOTE: Communication throughout this process (including invitations to the examinations) will be made via the email address supplied through the City's online application system only.

SECTION 1: PERSONAL

1. CITIZENSHIP			
Are you a U.S. citizen?			Yes No
2. BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY)			
3. BIRTHDATE (MM/DD/YYYY)		4. SOCIAL SECURITY NUMBER	
		5. DRIVER'S LICENSE	
		NUMBER:	STATE: EXPIRES:
6. PHYSICAL DESCRIPTION			
HEIGHT:		WEIGHT:	HAIR COLOR: EYE COLOR:
7. CONTACT EMAIL		7.1 CONTACT PHONE NUMBER	

SECTION 2: EDUCATION

- **NOTE: You will be required to furnish transcripts or other proof to support all of your educational claims in Section 2.**
- *If more space is needed for explanations to Question 8, continue your response on page 10.*

8. LIST ALL COLLEGES AND UNIVERSITIES ATTENDED (MUST STILL COMPLETE EDUCATION SECTION OF PROFILE)				
8.1	NAME OF COLLEGE/UNIVERSITY		TOTAL CREDITS COMPLETED	GPA
	HAVE YOU EVER BEEN SUBJECT TO ANY DISCIPLINARY ACTIONS (I.E., SUSPENSIONS, EXPULSIONS)? YES NO If Yes, Explain:			
	PLEASE LIST ANY EXTRACURRICULAR ACTIVITIES YOU WERE/ARE INVOLVED WITH			
8.2	NAME OF COLLEGE/UNIVERSITY		TOTAL CREDITS COMPLETED	GPA
	HAVE YOU EVER BEEN SUBJECT TO ANY DISCIPLINARY ACTIONS (I.E., SUSPENSIONS, EXPULSIONS)? YES NO If Yes, Explain:			
	PLEASE LIST ANY EXTRACURRICULAR ACTIVITIES YOU WERE/ARE INVOLVED WITH			

9. FOREIGN LANGUAGE		
Do you speak a Foreign Language?	Yes	No
IF YES, provide the following information:		

FOREIGN LANGUAGES – PLEASE INDICATE YOUR PROFICIENCY: (SLIGHT – GOOD – FLUENT)					
	NAME OF LANGUAGE	SPEAK	UNDERSTAND	READ	WRITE
9.1					
9.2					
9.3	Please indicate your proficiency in American Sign Language:		YES, Proficiency: NO		

10.	Have you ever been subject to academic probation, civil fine, suspension, or expulsion from any high school(s), college/university, business, trade school, or POST basic course/academy?.....	Yes	No
<p>IF YES, describe in detail below. Starting with high school, list any and all disciplinary actions received in any school, educational institution, or POST basic course. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances.</p>			

SECTION 2: EDUCATION *continued*

11. Have you ever attended a Basic Course/Academy: Regular, Specialized Investigators', Reserve, or Dispatcher? Yes No				
IF YES, provide the following information:				
11.1	NAME OF ACADEMY	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU PASS/GRADUATE?
				Yes No
	LOCATION (CITY, STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR		CONTACT NUMBER
11.2	NAME OF ACADEMY	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU PASS/GRADUATE?
				Yes No
	LOCATION (CITY, STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR		CONTACT NUMBER

SECTION 3: EMPLOYMENT AND EXPERIENCE

12.	NAME OF CURRENT EMPLOYER			DATE HIRED (MM/YYYY)	
	ADDRESS (NUMBER / STREET)			DIRECT SUPERVISOR'S NAME	
	CITY	STATE	ZIP	CONTACT NUMBER	EXT
	CURRENT JOB TITLE			EMAIL	

13. Are you currently a certified Peace Officer? Yes No

14. Have you **ever** applied for **any** position at another law enforcement agency (city, county, state, or federal)? Yes No

- If you answered "YES" to Question 14, list **EVERY** agency you have applied to, starting with the most recent.
- Give complete and accurate addresses.
- **All agencies MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency.**
(If more space is needed to list ALL agencies in Question 14, continue your response on page 10)

14.1	NAME OF LAW ENFORCEMENT AGENCY			DATE APPLIED (MM/YYYY)	
	ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)	
	CITY	STATE	ZIP	CONTACT NUMBER	EXT
	POSITION APPLIED FOR			EMAIL	

CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:

STEP: ☐ Application ☐ Written ☐ Physical Ability ☐ Oral Boards ☐ Polygraph ☐ Background ☐ Conditional Offer ☐ Unknown
STATUS: ☐ Hired ☐ On Eligibility List ☐ Withdrawn ☐ Disqualified ☐ List Expired ☐ Unknown

SECTION 3: EMPLOYMENT AND EXPERIENCE *continued*

14.2	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)	
	ADDRESS (NUMBER / STREET)				BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)	
	CITY		STATE	ZIP	CONTACT NUMBER	EXT
	POSITION APPLIED FOR			EMAIL		
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:					
	STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph <input type="checkbox"/> Background <input type="checkbox"/> Conditional Offer <input type="checkbox"/> Unknown STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired <input type="checkbox"/> Unknown					
14.3	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)	
	ADDRESS (NUMBER / STREET)				BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)	
	CITY		STATE	ZIP	CONTACT NUMBER	EXT
	POSITION APPLIED FOR			EMAIL		
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:					
	STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph <input type="checkbox"/> Background <input type="checkbox"/> Conditional Offer <input type="checkbox"/> Unknown STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired <input type="checkbox"/> Unknown					
14.4	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)	
	ADDRESS (NUMBER / STREET)				BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)	
	CITY		STATE	ZIP	CONTACT NUMBER	EXT
	POSITION APPLIED FOR			EMAIL		
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:					
	STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph <input type="checkbox"/> Background <input type="checkbox"/> Conditional Offer <input type="checkbox"/> Unknown STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired <input type="checkbox"/> Unknown					
14.5	NAME OF LAW ENFORCEMENT AGENCY				DATE APPLIED (MM/YYYY)	
	ADDRESS (NUMBER / STREET)				BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)	
	CITY		STATE	ZIP	CONTACT NUMBER	EXT
	POSITION APPLIED FOR			EMAIL		
	CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:					
	STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph <input type="checkbox"/> Background <input type="checkbox"/> Conditional Offer <input type="checkbox"/> Unknown STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired <input type="checkbox"/> Unknown					

SECTION 4: MILITARY EXPERIENCE

15. Are you required to register for the Selective Service? ☐ Yes ☐ No

IF YES, have you registered? ☐ Yes ☐ No

IF YES, Selective Service number:

IF NO, explain:

16. Have you ever served in the military? ☐ Yes ☐ No

IF YOU ANSWERED "NO" TO QUESTION #16, PROCEED TO SECTION 5, QUESTION #20

17. If you answered "YES" to Question 16, include the following service information:

BRANCH OF SERVICE	FROM (MM/YYYY)	TO (MM/YYYY)
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TYPE OF DISCHARGE

☐ Entry Level ☐ Honorable ☐ General ☐ OTH (Other than Honorable) ☐ Bad Conduct ☐ Dishonorable

Re-entry Code (1–4) if applicable – *refer to your DD-214*:

Dates of discharge or release:

18. Are you currently participating in one of the following?

☐ Military Reserve ☐ National Guard IF CHECKED, date obligation ends (MM/DD/YY):

19. If you checked either box in Question 18, include the following service information:

BRANCH OF SERVICE	FROM (MM/YYYY)	TO (MM/YYYY)
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UNIT NAME	ADDRESS	CITY	STATE
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IMMEDIATE SUPERVISOR	PHONE NUMBER	EXT
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PLEASE LIST ANY FRIENDS OR ASSOCIATES

19.1 Have you ever been the subject of any judicial or non-judicial disciplinary action (such as, court martial, captain's mast, office hours, company punishment)? ☐ Yes ☐ No

19.2 Were you ever denied a security clearance, or had a clearance revoked, suspended, or downgraded? ☐ Yes ☐ No

19.3 Have you ever taken military property without permission for personal use, to sell, or to give away? ☐ Yes ☐ No

19.4 Did you receive any commendations, honors, etc.? ☐ Yes ☐ No
If yes, explain:

19.5 Please list any permanent duty stations and length of tour:

PERMANENT DUTY STATION	LENGTH OF TOUR
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SECTION 4: MILITARY EXPERIENCE *continued*

19.6 Highest rank or rate:			
19.7 Date of last promotion:			
19.8 Duties of rank or rate:			
19.9 Please list all service schools attended:			
	SERVICE SCHOOLS	FROM (MM/YYYY)	TO (MM/YYYY)
19.10 Medals or awards received:			
19.11 If you answered "YES" to any of Questions 19.1 – 19.3 , explain (include dates and circumstances).			

SECTION 5: LEGAL

► Illegal Use of Drugs

- For the purpose of responding to the following questions, "illegal drugs" include the unauthorized or illegal use of prescription medications or over-the-counter drugs; it also includes the illegal use of any other substance for the purpose of getting "high."
- Your responses should include — **but not be limited to** — your use of any of the following:

► Amphetamines / Methamphetamines (<i>Uppers, Speed, Crank, etc.</i>)	► Marijuana or Synthetic Marijuana (<i>with or without a prescription</i>)
► Barbiturates (<i>Downers</i>)	► Mescaline
► Cocaine / Crack Cocaine	► Morphine
► Designer Drugs (<i>Ecstasy, Synthetic Heroin, etc.</i>)	► PCP / Angel Dust
► GHB (<i>Date Rape Drug</i>)	► Quaaludes
► Hallucinogens (<i>Peyote, LSD, Mushrooms</i>)	► Steroids
► Hashish / Hashish Oil	► Tetrahydrocannabinol (THC)
► Heroin / Opium	► Glue, paint, or any substance containing toluene

20. **Within the past twelve months**, have you used any drug(s) as indicated above? ☐ Yes ☐ No
 IF YES, give details including **drug(s) used, most recent date used (mm/yyyy)**, and **circumstances**:

21. **Prior to the past twelve months**:

- ☐ I have **never** used any drug recreationally.
- ☐ I have tried or used one or more drugs, but only under **limited** circumstances (*for example, experimentation, at parties, concerts, special events, etc.*)

IF YOU CHECKED BOX 2, give details including **drug(s) used, most recent date used (mm/yyyy)**, and **circumstances**:

SECTION 5: LEGAL *continued*

22. Have you **EVER** engaged in any of the activities listed below involving drugs, narcotics or illegal substances, including marijuana and/or prescription drugs:

☐ Sold ☐ Manufactured ☐ Purchased ☐ Furnished ☐ Cultivated ☐ Distributed ☐ Carried or Held for Another

IF ANY ITEM IS CHECKED, give details including **drug(s) involved, over what time period(s), and circumstances.**

23. During the **past five years**, have you associated with friends, acquaintances, housemates, or family members who have illegally used drugs or narcotics, and/or illegally used prescription medications? ☐ Yes ☐ No

IF YES, explain:

SECTION 6: MOTOR VEHICLE INFORMATION

24. Current Driver's License Number:

STATE OF ISSUE	LICENSE NUMBER	EXPIRATION DATE (MM/DD/YYYY)	NAME UNDER WHICH LICENSE WAS GRANTED

25. List other states where you have been licensed to operate a motor vehicle:

STATE OF ISSUE	LICENSE NUMBER (IF KNOWN)	TYPE OF LICENSE	NAME UNDER WHICH LICENSE WAS GRANTED

26. Have you ever been refused a driver's license by any state? ☐ Yes ☐ No

IF YES, explain (include when, where, and circumstances):

27. Has your driver's license ever been suspended or revoked? ☐ Yes ☐ No

IF YES, explain (include when, where, and circumstances):

SECTION 6: MOTOR VEHICLE INFORMATION *continued*

28. List your current liability insurance on your vehicle(s).

28.1	TYPE OF COVERAGE <input type="checkbox"/> Insured		VEHICLE MAKE		YEAR (YYYY)		VEHICLE LICENSE	
	INSURANCE COMPANY			POLICY NUMBER			EXPIRATION DATE (MM/DD/YYYY)	
	ADDRESS (NUMBER/STREET)			CITY		STATE		ZIP
								CONTACT NUMBER

29. List all traffic citations, excluding parking citations, you have received ***within the past seven years***.

29.1	NATURE OF VIOLATION		LOCATION (STREET)		CITY		STATE	
	DATE VIOLATION OCCURRED Month: Year:		ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed					
29.2	NATURE OF VIOLATION		LOCATION (STREET)		CITY		STATE	
	DATE VIOLATION OCCURRED Month: Year:		ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed					
29.3	NATURE OF VIOLATION		LOCATION (STREET)		CITY		STATE	
	DATE VIOLATION OCCURRED Month: Year:		ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed					

30. Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to the following (check all that apply):

☐ Failed to Appear ☐ Failed to Complete Traffic School ☐ Failed to Pay the Required Fine

IF CHECKED, explain circumstances:

31. Have you been involved as the driver in a motor vehicle accident ***within the past seven years***? ☐ Yes ☐ No

IF YES, give details below.

31.1	DATE OF ACCIDENT (MM/YYYY)		LOCATION (STREET)		CITY		STATE	
	POLICE REPORT <input type="checkbox"/> Yes <input type="checkbox"/> No		LAW ENFORCEMENT AGENCY		AT FAULT? <input type="checkbox"/> Yes <input type="checkbox"/> No		WAS THE ACCIDENT? <input type="checkbox"/> Injury <input type="checkbox"/> Non-injury	
31.2	DATE OF ACCIDENT (MM/YYYY)		LOCATION (STREET)		CITY		STATE	
	POLICE REPORT <input type="checkbox"/> Yes <input type="checkbox"/> No		LAW ENFORCEMENT AGENCY		AT FAULT? <input type="checkbox"/> Yes <input type="checkbox"/> No		WAS THE ACCIDENT? <input type="checkbox"/> Injury <input type="checkbox"/> Non-injury	

32. Have you ever driven a vehicle without auto insurance, as required by law? ☐ Yes ☐ No

IF YES, GIVE REASON		FROM (MM/YYYY)	TO (MM/YYYY)

33. Have you ever been refused automobile liability insurance, or had it cancelled? ☐ Yes ☐ No

IF YES, GIVE REASON		DATE (MM/YYYY)
INSURANCE COMPANY		

SECTION 7: CERTIFICATION

34. I hereby certify that I have personally completed and attached any supplemental page(s), and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification; or, if I have been appointed, may disqualify me from continued employment.

☐ By checking this box and typing my name below, I am electronically signing this packet.

Signature in Full: ► _____

Date: _____

ADDITIONAL COMMENTS

- Use this space to provide information that does not fit elsewhere on this form (e.g., additional family members, schools, residences, employers, explanations to questions, etc.). *Reference the corresponding questions and/or specific items.*

Question #	Response